

MID-QUARTER STATUS REPORT**For Cash Aid and Food Stamps**

RECIPIENT'S NAME:

CASE NUMBER (IF KNOWN):

Use this form to report mandatory or voluntary changes that have occurred since your last Quarterly Report (QR 7/SAWS QR 7).

If you are reporting income information, please provide proof, such as, pay stubs; copies of checks; letters from agencies, etc.

If you are reporting changes in expenses, please provide proof, such as, receipts; canceled checks, paid invoices; etc.

If you are reporting an address change, please provide proof of expenses such as, a copy of your new rental agreement or lease; rent receipt for your new address; copies of utility deposits; etc.

MANDATORY INFORMATION

If you receive Cash Aid, report the information marked CA. if you receive Food Stamps, report the information marked FS. The change of address and voluntary information sections are for all households/assistance units.

CA ☐ My combined household income is more than the limit for my household size.
In the month of _____, the total combined income for my household is \$ _____.

CA ☐ Someone in my household is a convicted drug felon.
Name of person _____
Date of felony conviction _____

CA ☐ Someone in my household is running from the law to avoid a felony conviction; running from the law, to avoid custody or confinement after a felony conviction; or is in violation of probation or parole.
Name of person _____

CA/FS ☐ I have moved, changed my phone number or have a new mailing address.
New home address _____

New mailing address (if different from your home address) _____
New phone number (_____) _____

- ☐ I receive free rent at this new address.
☐ My rent amount is \$ _____ per month.
☐ I share the rent (explain)

- ☐ I receive free utilities at this new address.
☐ My utilities are \$ _____ per month.
I have: ☐ Heating ☐ Cooling
☐ Water ☐ Sewer
☐ Garbage ☐ Telephone
☐ Other

See other side

FS ☐ Complete this section to report reduced work or training hours for Able-Bodied Adults without Dependents (ABAWDs):

Date of change _____

[illegible]

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

For Cash Aid: you, your aided spouse or CA Domestic Partner and the other parent (of cash aided children) if living in the home.
For Food Stamps: the head of household, household member or the household's authorized representative.

QR 3 (7/06) RECOMMENDED FORM